

GERMAN EUGENICS IN PRACTICE

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ACCORDING to figures quoted from *Deutsche Justiz* in the July 1935 issue of the EUGENICS REVIEW (page 90), some 56,000 people were sterilized in Germany in the first twelve months after the introduction of the sterilization law. If this figure may be taken as correct, it does not follow that the first year of sterilization will be typical of the following ones, or that this rate of sterilization will be kept up. The operation of the law is likely with time to improve in efficiency, leading one to expect an increased number of sterilizations per year. On the other hand, in the first year the standing population of defectives, schizophrenics, etc., will be attacked, the operations of subsequent years being more confined to the yearly increment. Could, however, this figure of 56,000 be taken as a probable yearly average, it would imply about two per thousand of the fertile population being sterilized every year, with a total expectation of sterilization for the average individual in the neighbourhood of 4 per cent.

PUBLIC REACTION TO STERILIZATION LAW

It is not easy to discover the reaction of the population to this very definite attack on their personal and physical liberty. My information, from a well-informed source, is that there is much resentment throughout Germany among the common people, particularly directed against its compulsory nature. Compulsion itself is not liked, and as a police affair is doubly objectionable. The nature of the operation does not improve matters. An attack on the sexual organs is calculated to arouse more resentment than any operation of corresponding severity on another part. Among women there is a definite mortality, not entirely to be eliminated in any double laparotomy, and this mortality tends to be exaggerated and

associated with both sexes. Lastly, the nature of the operation is still misunderstood and thought to have a castrating effect. Some of these grounds for objection will disappear in the course of time; others will always be felt.

Patients to be sterilized seldom protest; they know that if they did it would have no effect. Physical resistance must be extremely rare. The law provides for the use of direct force, but this has not yet been necessary. Resistance to sterilization by appeal is statutory and frequent. There have indeed been attempts to organize this resistance. In Bavaria pamphlets were printed and found in Catholic hands recommending all patients to appeal in every case. This was, of course, an attempt to make the law unworkable. The pamphlet was seized and destroyed. The frequency of appeal has varied much from time to time and from place to place, in some areas being as low as 1 per cent., in others as high as two-thirds of all cases where the order was made.

In many scientific and more liberal circles there is a strong objection to the compulsory aspect of the law, partly as a matter of principle, partly based on reasoned argument. In support of this view are quoted the calculations of Haldane and others, which go to show that sterilization operates extremely slowly towards the removal of characteristics dependent on infrequent recessive genes, and the findings of one scientific worker, that practically all the children of schizophrenics are born before the manifestation of the disease. One authority, with whom I discussed the matter, was of the opinion that the law would operate at least as well if sterilization were made voluntary—that in fact one would get as good results by propaganda as by compulsion. Against this one must put the opinion of such a well-informed authority as Sjögren of Sweden, who told me that in

his opinion the reverse would be the case. Apparently the experience in Sweden with voluntary sterilization has been very disappointing, only a few hundreds having been sterilized since the introduction of the law a few years ago.

Practising doctors in general are inclined to object to the law, and to the increase in their duties, and to the increased police nature of these duties which the law entails. The doctor must notify all cases of the hereditary disorders named in the law, as far as these become known to him through the practice of his profession. For instance, were he, on a professional visit, to see the patient's brother have an epileptic fit, he would not be bound to notify him, though he could do so if he wished. If the patient himself were to have the fit, and it could not be referred to definite exogenous causes, then he must notify. If, on the other hand, the doctor passing casually along the street were to see a patient of his having a fit, he would not be bound to report him. Presumably, however, if he were to proceed to his assistance, the duty to notify would reappear.

The keenness with which doctors carry out their duties varies greatly from place to place. In small country villages, with only one doctor, he generally does it satisfactorily, because he neither loses nor gains by it. In places with two or more doctors they usually notify only where it is obviously unavoidable. The doctor slackest in notifying will tend to profit at the expense of the others. On the other hand in Thuringia and Baden these duties were carried out with the greatest enthusiasm. In the latter place, the doctors seemed possessed of the notion that the more cases they notified, the better pleased would they be in high quarters. At length a circular had to be sent round, telling them that they were only to notify cases properly capable of reproduction.

In clinics, the duty of notification is carried out conscientiously, and proceeds for the most part automatically. The chief difficulties are those of diagnosis. The diagnosis should be of such a degree of certainty that the clinician would be

prepared to back it in a court of law, or alternatively for the Professor to be able to demonstrate the case as such to a class of students. Many authorities find difficulty in fitting their cases into the official scheme of classification—particularly, for instance, Kleist. According to Kleist's classification there are a number of separate syndromes, for instance—motility and confusion psychoses, which would by most clinicians be considered schizophrenic, but which he treats as separate entities. As in these cases his researches into the heredity have shown no connection with schizophrenia, he does not hold them to be schizophrenic, nor covered by the law, nor in his clinic are they notified.

Difficulties of diagnosis must necessarily occur, and may have unfortunate effects. The following is such a case.

The daughter of a doctor had had in childhood an obscure febrile complaint, accompanied by some minor neurological signs. At puberty she developed periodical but rare and slight "absences"; but with the years these increased in frequency and severity until they were major epileptic fits. In the course of treatment her father was informed she would have to be notified for sterilization. He objected very much, and took her from doctor to doctor in the vain attempt to get her recognized as a case of fits of exogenous origin. At last she was seen by one of the best-known neurological surgeons of the country, who after an encephalography operated on her and removed a large cyst from the brain, with complete recovery and cessation of the fits.

Such cases cannot be published, owing to the disrepute into which they might bring the law, if they were at all frequent.

In the first few months after the law was passed, there was a considerable amount of overcrowding in clinics and hospitals, because cases of recovery from schizophrenia and manic-depressive psychosis had to be held pending decision on the matter of sterilization. This is the case no longer. Once the case is notified, he may be discharged and wait at home for the notice

of reception into a surgical clinic, or alternatively conduct his appeal before the court from home. Only cases where the danger of procreation is really serious, e.g. men in a mild hypomanic state with much sexual desire—should be held till the question of sterilization is finally settled and they can be directly transferred to the surgical clinic. In all other cases it suffices for the law to have been set in motion, and patients are subjected to a minimum of delay and inconvenience.

Cases for sterilization are notified to the "Bezirksarzt." He would correspond to some degree to the English local medical officer of health, though his activities are being more and more confined to the operation of the eugenic laws. He draws up a document, the "Antrag," which summarizes all available data to enable a decision to be reached as to sterilization or not. To obtain sufficient information he is entitled to order the patient's admission to a psychiatric clinic for a period not longer than six weeks for examination and report. The "Antrag" is laid before the local eugenic court ("Erbgesundheitsgericht"), which consists of a jurist as president, a "Bezirksarzt," and a specialist in medical genetics, and they reach the decision on sterilization. If the patient is dissatisfied with the decision he may appeal to a higher court, the "Erbgesundheitsobergericht."

If the "Bezirksarzt" is a Catholic, difficulties of conscience are likely to appear. Catholic general practitioners are allowed by their Church to make the notification, because it does not necessarily follow that the patient will be sterilized. Also such notifications have an unrelated statistical significance. The actual order to sterilize is another matter, and a Catholic "Bezirksarzt" is forbidden by his Church, and compelled by the State, to make such sterilization orders. In districts where there are two such doctors, one of whom is a Catholic, it has sometimes been arranged that the Catholic hands over the whole of these duties to his colleague. Presumably the whole matter could be settled by an agreement between Church and State.

The order for admission to a psychiatric clinic for examination and report is made in quite a fair proportion of cases where the original notification has not been made from such a clinic. The senior assistants at the clinics make a very reasonable addition to their small salaries out of the fees for these reports. The admission to a clinic for this purpose is specially likely to happen where the patient has appealed against the order for sterilization. The reports in these cases are long, exhaustive and reasoned documents. For instance, I saw a report on a case of congenital syphilis and mental deficiency. The family history, personal history, physical, psychiatric, and psychological examinations were given in detail. The difficult point of whether the patient was mentally defective because of the syphilis, or because of hereditary defect and only happened concurrently to be syphilitic, was discussed in full on general grounds and in the particular circumstances of the case; and finally judgment was given, in this case that the mental deficiency was to be referred to exogenous rather than endogenous causes.

Interesting here is the fact that a certainty of congenital syphilis is not taken legally as *ipso facto* precluding a diagnosis of hereditary mental defect. The patient is assured of a full and unbiased consideration of his case in any reputable clinic. Where the doctor does not prefer to write out the report in full, special forms are provided, which if properly filled in ensure a thoroughgoing anamnesis and examination from every point of view.

Before the introduction of the sterilization laws, Germany had no special laws for mental defectives, and practically no special institutions. Hospitalization was much less frequent than in England, and largely confined to idiots and the severer grades of defect. Mental defectives, apart from such special cases as the above, are judged principally on social grounds, to a less degree on school record and least of all on psychological tests. A special form is given for the latter, which few English or I suppose American psychologists would consider satisfactory. It consists of questions on

orientation of the usual kind, on "school knowledge" of the most elementary kind (Who was Bismarck? When is Christmas?), mathematical problems (simple interest on 300 marks at 3 per cent. for 3 years), general questions of an almost philosophical kind (Why do we have day and night? Why are houses built higher in towns than in the country? Why do children go to school?), differences (between "mistake" and "lie," between "Rechtsanwalt" and "Staatsanwalt"), composition of sentences (e.g. out of "soldier," "war," "fatherland"), the repetition of a story, the explanation of proverbs "general moral ideas" (Why does one learn? save money? What is truth?), memory and attention tests, and notes on the behaviour during the testing.

It is no wonder that the German does not place much reliance on such tests, considered as tests of intelligence. The requirement on which most importance is laid for a diagnosis of mental defect is a persistent failure of the person concerned to maintain any sort of a position in life for himself and his family; if this is backed by an unsatisfactory school record—e.g. twice having to stay on in the same class instead of being promoted at the end of the year, or attendance at a special school ("Hilfsschule")—the diagnosis of mental defect may be made almost regardless of the results of the "intelligence test."

One of the special problems of mental deficiency is its ascertainment. Psychiatric cases are got hold of largely through the psychiatric clinics. A few mental defectives will be discovered in the same way, if they come into the clinics in a state of excitement, or complaining of the depressive or hypochondriacal symptoms not infrequent in defectives; but these must be few. The majority are discovered in other ways. In the country the local "Bezirksarzt" is supposed to, and generally does, know every single family that lives in his district. He is accordingly able to put his hands on the local defectives, persistent low-grade misfits and failures at any time. In the towns the matter is more difficult, and the defectives are got hold of largely accidentally,

as they come to doctors or hospitals for advice on entirely unrelated subjects—e.g. for appendicitis—or as they appear as candidates for financial or social assistance at the offices of charity organizations, church missions, public assistance offices, etc. With the development of the marriage-advice centres and related scientific and social institutions, there will be still further ways of ascertainment, until this should become in the end fairly complete.

APPEALS AGAINST STERILIZATION

Appeals from the order for sterilization come before a special court. In many cases there will have been a preliminary examination and report such as has been described. However, many other points have arisen than the question of diagnosis, and a number of appeals have been reported and discussed in a paper by Bostroem.

Bostroem, in his introduction, criticizes the haphazard practice of doctors in regard to notification. There is no point in worrying the authorities with 60-year-old alcoholics and 10-year-old idiots, when the really dangerous—in regard to propagation—are not being touched. The pressing cases are the physically healthy men and women from sixteen to forty, young schizophrenics and manic-depressives in remissions, young subjects of hereditary blindness and deafness, etc. It is important to make sure of the capacity for procreation. It must not happen in future that, after months of proceedings costing a lot of money, it appears that the case should never have been brought. Further, everyone is entitled to be heard in his own defence. If not capable of taking steps himself, he must be represented. The doctor must see to this.

The following are some of the more interesting cases:

1. A man under guardianship for mental defect was held by the court to be a psychopath* and not sterilizable. The

* Both in German psychiatry and in the sterilization law there is a sharp distinction between the psychopathic and the psychotic. Only the following conditions render their subjects liable to sterilization: inborn hereditary defect, schizophrenia, circular (manic-depressive) insanity, hereditary epilepsy, hereditary

difference between guardianship and sterilization laws is made clear. Guardianship depends entirely on social irresponsibility. Liability to sterilization is governed by other, biological, considerations.

2. A woman at the menopause, last period some months ago, still theoretically capable of bearing children, but not likely to. Sterilization not enforced. Compelling grounds must be shown for necessity of sterilization, not merely a theoretical possibility.

3. A man, aged 50, wife at menopause. Appellant has adult children. The theoretical possibility of producing children by extramarital intercourse held not sufficient to justify sterilization. There are a number of similar decisions.

4. A man, aged 57, is in an institution, and usually allowed out only in company. He has an interest in the other sex, but only as an exhibitionist. He looks so repulsive that it is inconceivable that any woman should wish to have to do with him. Sterilization was rejected on the grounds that he was under adequate supervision. His personal appearance was held to be beside the point, and no grounds for not enforcing the law.

5. A man, stupid, but a useful agricultural labourer. His brother, like himself, attended a special school. Previous history shows early death of the mother and a neglectful stepmother. He was held to lie on the boundary between normal stupidity ("landläufige Unbegabtheit") and deficiency. Sterilization not enforced. The court wished to postpone decision for a year. This is not permitted. On the other hand it is allowed to reintroduce proceedings at a later date if new facts, e.g. altered behaviour, justify it.

6. Woman of limited intelligence, husband the same. Although it was to be expected that only children of limited intelligence would be the result of this

union, the limitation was not held to amount to mental defect. Sterilization rejected.

7. Three imbecile males, 14, 15, 19 years. The court allowed the appeal, because they can work on the land and show themselves useful members of society. The reduction in numbers of such people is not socially desirable. Bostroem remarks that it is all very well to be tender of "primitive personalities," but if they are imbecile they ought to be sterilized.

8. Female, aged 25, Normal school career, could never do any useful work, wanted to write stories and poems. In a girls' home was incapable even of finding her place at table, if it was changed. The court held mental defect proven on the following grounds: (a) Development uniform and continuous from childhood up. If she is mentally defective now, she was so congenitally. (b) Father is a psychopath. (c) Mother was for ten years in an asylum. Appeal dismissed.

9. Man. No proven mental defect, but he is an habitual criminal and recidivist of a bad type, guilty of crimes with violence. The court held that his abnormal behaviour justified the assumption of mental defect.

In commenting on the above cases one notes, as indeed was to be expected, a certain lack of uniformity between court and court. One sees three imbeciles, who are capable of simple work on the land, encouraged to propagate their kind, and a criminal psychopath sterilized for mental defect. One notes the admission of irrelevant evidence. It is no good evidence of hereditary mental defect to show that the parents were respectively psychopathic and insane. In fact one is inclined to doubt the diagnosis of mental defect here altogether. The child was apparently normal in schooldays, and later developed a progressive change simulating a dementia. It seems not unlikely that this was a schizophrenia of the simplex type. Of course this also justifies sterilization, but it is poor law to do the right thing on the wrong grounds.

One may note also a difference of principle

(Huntington's) chorea, hereditary blindness, hereditary deafness, severe hereditary physical abnormality, severe alcoholism. Under the term "imbecile" is understood in Germany a considerably wider range of mental defect than in England.

between English criminal law and German sterilization law. One completed trial does not protect against a second charge for the same "offence." In the case of the three imbeciles, there may be grounds for assuming the influence on social psychiatry of the national-socialist *Weltanschauung*. Those "zuverlässige und treue Arbeitskräfte" and useful members of the "Volksgemeinschaft" are perhaps members of the party, and have demonstrated in that way their social desirability and suitability for procreation. This is pure supposition, but would at least be congruous. One notes that the law in its operation is tender of the merely stupid. Mental defect appears to have to be of considerable degree before becoming operative as a ground for sterilization. One remembers political speeches in which intelligence is rudely decried, and the ideal for the people is held out to be physical health and a capacity for unquestioning, uncritical obedience. For such a make-up, too high a degree of intelligence would be, if anything, a disadvantage. With this official attitude, the whole attitude towards mental defect is bound to undergo a change. Of the first importance to the German Government is that every citizen should be a good national-socialist. While no hereditary constitutional tendency to national-socialism has yet been demonstrated, one may hardly blame the judges for attempting to estimate the value of the individual as a whole. One case is known to me where hospital authorities arranged that an officer in the S.A. should not be sterilized merely for a slight attack of dementia præcox.

As far as my information goes, the operation of the sterilization law is likely to prove costly. On an average it costs per woman 1,000 marks (£80) and 100-200 marks (£8-£16) each for men, inclusive of operation charges. In cases where there is an appeal, or where the patient is held in a psychiatric clinic for some weeks' observation, the cost would be considerably higher. The whole of these charges are borne by the State, which must mean, at the present rate of sterilization, a sum of about £2,000,000 a year. The patient, even if wealthy, pays nothing himself.

Certain alterations are possible in the law. Criminals are not covered by it. It is very possible that a special law will be brought into force to cover them, or certain classes of them, which will be called by a different name, be administered by different officers, have a different procedure. Criminals were purposely omitted from the present sterilization law, as far as possible to obviate the idea that sterilization is a sort of punishment. There is no foundation for the idea, sometimes found outside Germany, that the law is administered in a partial way as a punishment for political offenders.

There are other possible enlargements—e.g. to include the children of two recessive parents, and the monozygotic twin of a person already ordered to be sterilized. This could be taken as an improvement in the justice of the law. The phenotypically healthy twin is at least as dangerous eugenically as the sick twin. Further it is possible that there may be a new clause allowing voluntary sterilization to those individuals who, according to current conceptions, would be regarded as certainly heterozygotic, e.g. the children of a schizophrenic. This is hardly probable. The possibility that the law, at this date, may be converted into a law for voluntary sterilization altogether may be disregarded. It does not lie in the national-socialist philosophy to consider the possibility of getting anything done by voluntary effort.

Apart from possible changes in the law, there is a possibility of a new orientation in its application. The appeal cases show that the law is not absolutely hard and fast, but that its administrators tend to be governed by other considerations than merely the diagnosis and fertility of the person concerned. This is illustrated by the case of a musician in Frankfurt-am-Main, a man of unusual musical ability, who had an attack of mania or depression and was ordered to be sterilized. He appealed against the order, and the appeal was allowed on the grounds that unusual hereditary (here musical) talent compensated, as it were, for the manic-depressive taint. This seems to me to indicate an alteration of the official attitude,

i.e. the estimation of the individual as a whole, and not merely as the bearer of one or other particular hereditary taint.

STERILIZATION AND RESEARCH

There is no doubt that the sterilization law and the whole social policy bound up with it will have a profound effect on research in Germany. Certain not entirely desirable effects have shown themselves already. The fear of being notified as a suitable case for sterilization does operate as a cause of distrust and reluctance to give information among the subjects of a psychiatric research. In my own research in Munich, which was into the relatives of manic-depressives, I found an extraordinary willingness among these people to come to the institute, often at considerable personal inconvenience, for examination, and an equally great readiness to give full and sincere information about their relatives. I am sure this could not be paralleled in England. It is no doubt largely due to much greater interest in and knowledge of this subject in Germany, and the popular German conviction of its social importance. Quite a number of the relatives I saw brought family trees and documents extending back over several generations. Nevertheless there was quite a proportion of my informants who required very persistent and express reassurance that it was out of the question that the information obtained from them should be used in a way they would not like. Of the motives that influenced those persons who would not reply to any attempts to get in touch with them it is impossible to speak.

The attitude of different research workers in regard to this matter of research versus sterilization varied greatly in different research institutions. In one place I found a steadfast conviction among the more responsible workers that it was indeed undesirable that the material obtained by research should be used directly for extraneous ends, or that the public should be allowed to get the impression it could be so used. In another place I found a very curious quibbling attitude, that while certain activities of the

institute were of the nature of pure research and so the data obtained thereby would not be used to provide sterilization notifications, yet other activities were not so purely research ones, and there this dispensation would not hold. For example, were subjects admitted to the institute for anthropological and medical examination, and were they at the same time to receive anything in the nature of treatment (e.g. the continuation of a diabetic diet) then a duty to notify could not be evaded. The institute in question was also intended to develop into the biological-statistical centre of its city, and into the local marriage-advice bureau, and these activities were regarded as being similarly not covered by the term research. In other words there was a definite determination among the workers at this place to use their institute as much as possible for the extraneous purpose of providing candidates for sterilization. When one learned that the material for these anthropological and other investigations consisted practically solely of voluntary subjects who had been secured by the fair words of sisters at clinics, social workers, etc., one was left with a very disagreeable impression.

There are other important aspects of German eugenics beside the sterilization law. Eugenic qualifications are insisted on by the government for applicants for appointment to the State services—e.g. for the post office, State bank, railways, etc., as well as for the civil services proper, and for members of the S.S. and S.A. These are briefly that the applicant shall not be non-Aryan nor hereditarily tainted ("erblich belastet").

The definition of what constitutes hereditary taint has not yet been clearly laid down. Luxenburger has claimed that it should be interpreted in its more strict scientific sense, and only those persons regarded as "belastet" who according to present ideas *must* be the carriers of a pathogenic gene. These would then be only: those showing the hereditary abnormality; or the monozygotic twin of such a one; the children of parents one or both of whom have shown a recessive abnormality; the parents of a child with such a recessive abnormality; in the case of sex-linked abnormalities all

children of an affected mother, the daughters of an affected father.

Luxenburger has difficulty with the siblings of schizophrenics, and suggests that only those who themselves are schizoid psychopaths should be regarded as tainted, not for instance those who are psychopaths of a non-schizoid kind. The clinical distinction would be one of some difficulty. He remarks that "In principle even the hereditarily tainted [erbkrank] families are to be encouraged, apart from those members who are to be regarded as 'belastet.'" The whole family with all its members may not be regarded as "belastet"; the individual members must be considered separately, to see if they come under his rules. Luxenburger's view, however, does not seem to be the official one, at least in regard to the administration of the marriage loan.

MARRIAGE LAWS

On October 19th, 1935, entered into force the "Gesetz zum Schutze der Erbgesundheit des deutschen Volkes." This expressly forbids marriages where one of the parties suffers from an infectious disease, is under a form of guardianship, suffers from a mental disorder, or suffers from a hereditary disease in the sense of the sterilization laws. Before marriage, certificates must be obtained from the appropriate authority to the effect that no hindrance exists on any of the above grounds. Marriages which violate the law are null and void, and the parties are liable to imprisonment, as also for attempting to get around the law, for example by marrying abroad. Marriages between "Aryans" and full Jews are also forbidden. The full Jew may only marry the full Jew. Half Jews, if they accept the Jewish faith, are reckoned as full Jews. Otherwise they may only marry half Jews. Quarter Jews may not marry their like, but only "Aryans."

The certificate allowing marriage has to be obtained from the local health office ("Gesundheitsamt"). These are being set up all over Germany in every district which does not yet possess one. They correspond in many ways with public health offices in England, but their activities principally consist

in carrying out the new eugenic measures. At every one of the offices a special office will be set up for giving the certificates required by the above law, and for the administration of the marriage loan. At these clinics every applicant for certificate or marriage loan will receive a careful examination. For this an official form is provided, in which besides an ordinary medical examination the doctor has to note anthropological measurements, type of constitution according to Kretschmer, racial type, twinship, all details of previous illnesses with dates and notes of where treated, so that more exact particulars can be obtained if required. Further the whole family history is gone into, and details are obtained if possible of the great-grandparents, in every case of the grandparents and all their descendants, even, if possible, first cousins. Finally a summary card is drawn up, in which the above facts are summarized, and cross references to data in the possession of other social services are given, e.g. for venereal diseases, cripples, tuberculosis, obstetrics and infant welfare, insanity and psychopathy, alcoholism, school medical service. Here also the "diagnosis" is entered, e.g. non-Aryan, insane, "belastet," criminal, peculiarly gifted, etc. The special gifts, which have to be far above average to receive mention, are mental—for mathematics, languages, organization, art, music, painting, drawing and plastic art; and practical—for manual and technical occupations and sport. Similar details are noted about all members of the family.

On the basis of these findings a decision is reached as to whether the applicant is to be granted the marriage-enabling certificate, and/or the marriage loan, or as to whether he should be conditionally or unconditionally advised against marriage. The following must be disallowed the marriage loan:

I. Those who suffer or have suffered from the following hereditary abnormalities: hereditary mental defect, schizophrenia, manic-depressive psychosis, idiopathic epilepsy, Huntington's chorea, hereditary blindness, hereditary deafness, severe hereditary physical disability, severe psychopathy, severe constitutional disorder. The deaf, blind and

epileptic may only receive the loan when the disorder is clearly to be traced to exogenous causes, and where apart from this the applicant can support a family. Physical disability includes congenital dislocation of the hip, congenital clubfoot, cleft palate, split hand, spina bifida, hereditary narrowed pelvis of such a degree that it is impossible for a child to be born naturally, Friedreich's ataxy, myotonia, progressive muscular dystrophy, hereditary spastic paralysis, dwarfs less than 130 cm. in height. Constitutional disorder includes severe asthenia coupled with other abnormalities or stigmata of degeneration, juvenile diabetes, dystrophia adiposogenitalis, early and severe otosclerosis, severe lymphatism, hæmophilia, myxœdema, high-grade infantilism, severe goitre—in regions with endemic goitre only those with cardiac disorder. Among the severe psychopathies are included severe cases of hysteria, homosexuality, alcoholism, drug-addiction, asocial and antisocial psychopaths (presumably includes all at least habitual criminals), and other types of psychopathy, which without being asocial or antisocial "because of its special kind and severity represents a great hindrance in the way of work and pleasure in life," where the said psychopathy shows itself as hereditary. This includes conditions with severe mood changes, depressions, anxiety states, suicidal tendencies, and compulsive symptoms.

II. Those who, without having suffered themselves from any of the above conditions, have families which show or have shown in such a severe degree the presence of hereditary illness that the children of the applicant may be regarded as materially more heavily tainted than the average population. The "Belastung" may be certain or highly probable. Apart from special consideration of the method of inheritance in a given case, it may be assumed that the applicant is "belastet" when one parent, or two siblings, or more than a third of the remaining relatives (grandparents, uncles and aunts), or one sib and two grandparents, suffer from severe and certain hereditary physical or mental abnormality. By this estimation, abnormalities of different kinds are to be

reckoned together. Even lesser degree of hereditary taint is sufficient for the rejection of the application, if the proposed partner has a similar degree of tainting. Emphasis is laid on the fact that it must be ascertained that the abnormalities in question are in fact hereditary; mention is made of depressive states and psychoses of short duration, especially at advanced ages, where endocrine disturbances should be thought of as an alternative diagnosis to that of an endogenous psychosis, of symptomatic epilepsy, etc.

III. Those suffering from any infectious disorder likely to affect the health of the partner or the children. This is specially directed against venereal diseases.

IV. Where one of the partners is sterile.

V. Severe alcoholism, where it is superimposed on a basis of "hereditary inferiority," or has led to such destruction of the personality that no satisfactory family life can be expected.

At the end of the examination one of the following certificates is issued: that the applicant may marry; that he is permanently or temporarily unfit for marriage; that though the findings do not necessarily prove him unsuitable for marriage, he has been advised against the proposed union; that he is sterile and only to be recommended to marry another sterile individual or the subject of an hereditary abnormality; that he is the subject of hereditary disorder and only to be recommended to marry a sterile individual.

A number of points of great interest arise from these paragraphs. Luxenburger's definition of the scientific conception of "Belastung" goes by the board. Those are to be considered "belastet" who have a considerably greater chance than the average of carrying a pathogenic gene, not only those who theoretically must do so. Hence the government is content to prevent a number of healthy and normal people marrying and propagating, if by so doing a number of abnormal and undesirable people are also prevented. In this connection it is only rational that unlike abnormalities should be reckoned together in determining "Belastung." The heaping up of such abnormalities

among the relatives obviously increases the chance of developing some sort of an abnormality, though for example the nephew of a schizophrenic is no more likely to develop schizophrenia for having a half-brother with a cleft palate. It is possible, however, that this not the basis of this provision, but rather a belief in a general hereditary degenerative diathesis. This view receives support from the official use of such terms as "hereditary inferiority" and such ideas as constitutional asthenia with signs of degeneration.

The policy with regard to selective breeding seems to have been settled in favour of attempting to keep abnormalities latent, rather than breeding them out. This is shown by the provision that those with a slight degree of "tainting" may marry normal persons but not those with a similar degree of tainting. They are treated in the same way, in fact, as quarter Jews.

It will be seen that the function of these "Eheberatungsstellen" is a very important one. There is first the immediate and practical one of forbidding undesirable and encouraging desirable unions. A secondary duty will no doubt be notifying cases for sterilization. Thirdly, and of increasing importance with the passage of years, will be the function of these clinics as record offices. The summary cards already referred to are kept in duplicate, one locally, the other forwarded to a central office in Berlin, and are definitely intended for statistical research. If the examinations and records are made even with only moderate care there will soon be provided a complete and fairly exhaustive family record of the whole German people. Such records thrown open to research will provide material of quite incalculable value.

The marriage loan is of the value of 600 marks (£48). It is given to those certified suitable by the marriage-advice bureaus, and no interest is demanded for the first year. The birth of a child automatically pays back 100 marks and gives another year of interest-free enjoyment of the remainder. It should be a considerable inducement to marriage and have a certain slight effect in promoting

the birth of children. Much more effective in this way should be the German income-tax system. This is exceedingly complicated, but it may be roughly stated that there is a tax on single persons of about 15 per cent. Marriage reduces the amount of tax slightly, the birth of the first and subsequent children very considerably. For poor and middle-class people the possession of four children renders them almost tax-free. All reductions of income tax for children are, unlike in the English system, percentage reductions, so that better-off people get a correspondingly larger actual reduction in tax. From an eugenic point of view this is a much better system.

THE CITY AS GODPARENT

An interesting experiment has been introduced in the city of Berlin, the "Ehrenpatenschaft." Families with two or three children may, if they decide to have a third or fourth, go to a city office and declare their intention. If within the term of two years the child is born, the city will stand godparent. This implies a present of 30 marks (48s.) a month until the end of the first year and 20 marks (32s.) a month subsequently until the end of the fourteenth year. If the child himself or an elder brother or sister dies, the fund ceases, but may be continued again with the birth of an additional child. Only legitimate children may receive the gift. If twins or triplets are born, all are covered. The gift is independent of the financial position of the family. It is not a form of social support, but a gift of honour. For no official purpose, e.g. for calculation of income tax, is it to be reckoned as part of the income of the family. The family and the child bear the honourable titles of "Patenfamilie" and "Patenkind der Stadt Berlin." They receive precedence in applications for flats and dwellings, for jobs and posts of whatever kind where the influence of the city authorities can make itself felt. The city even pledges itself to use its influence on their behalf in other parts of Germany, should the family move. The family has to be "of high biological value," and the conditions for this seem to be a slightly

stricter form of the conditions for the marriage loan.

In considering all these eugenic measures, particularly the sterilization and marriage laws, one must not forget that their compulsory character is nothing strange to the German people. These are but two of a multitude of such laws. All the German's actions are governed and regulated. His scheme of education, what views he may express—even in the scientific world—what wireless programme he may listen to, where and what he may buy and eat and read, how he may sign his letters and say good morning to his friends, are governed by law or by a form of persuasion resting on force. The future development of the German people has been decided, on theoretical and philosophical grounds, by its leaders. The German's duty is to be moulded in the right direction. Any leadership among the people, apart from the disciplined and subordinate leadership of the type of the non-commissioned officer, is rigidly suppressed. The Führer directs with a series of ukases. With successive hammer-blows the German

citizen is driven into a swastika-shaped hole. The atmosphere of compulsion pervades the whole of his life. The fact that he and his fellow men are now to be selected and bred like a herd of cattle seems to him hardly more distasteful than a hundred other interferences in his daily life. There is little doubt that these measures will have at least a partial success. If commanded with authority the German docilely obeys. The command now is to breed.

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